



***AKSI STOP AIDS PROGRAM***  
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## **1. INTRODUCTION**

Activities were much reduced this quarter as the ASA Program began to wind down and, in some areas, close out completely.

Important steps are still being taken, however, that will either set the scene for the next phase or provide local authorities with the tools they need to continue the local response on their own. One such tool is response mapping—an enhanced approach to strategic planning that was introduced to AIDS commissions in three provinces this quarter. The participants were quick to see the potential of this approach and it is already bringing significant benefits and a considerable sharpening of focus in HIV/AIDS programs in the districts concerned.

Recent reports in national newspapers of elevated HIV prevalence in Papua among both at-risk groups and the general public highlighted the grave situation faced by the people of the province. Worryingly, many cases of HIV and AIDS are being found in even the most remote areas. Encouraging steps however were taken this quarter when several tribal leaders acknowledged the seriousness of the situation and that they, as community leaders, have a responsibility to respond. At a meeting facilitated by the provincial AIDS commission and ASA, the leaders agreed to develop policies aimed at protecting their communities from the impact of HIV/AIDS and reducing discrimination against people living with the virus. This raises the possibility for a real synergy between the grassroots and regional policy on HIV/AIDS in the province.

## **2. PROGRAM IMPLEMENTATION AND ACHIEVEMENT**

### **RP1: Increased Risk Reduction Behavior and Practices**

#### **1.1 Female Sex Worker Peer-led Interventions and Client Interventions**

Campaigns to promote condom use are a staple feature of most HIV/AIDS prevention programs, including the ASA Program. Over the last five years, considerable resources have been allocated to encouraging more people to use condoms consistently, through radio, television, posters and leaflets and direct outreach in the country's most at risk areas. Yet condom use remains very low, at around just 13% in commercial sex transactions, according to the 2003 BSS. In an attempt to find out why, ASA conducted an ethnographic study on the Sunan Kuning brothel complex in Semarang, where attempts to introduce a 100% condom use policy have so far met with failure. The study, which was completed this quarter, revealed some valuable insights into the patterns of interaction between the sex workers, pimps, managers, local security apparatus and health services. In particular, what the study revealed about perceptions about condoms will prove extremely valuable for future programs. Sunan Kuning has a reputation locally for being “clean”, despite the high turnover among the women who work there. If a sex

worker offers a condom to her client, it immediately arouses suspicions that she is not clean—i.e., free of STIs. The client is likely to go elsewhere, and the area's reputation is damaged. The challenge for future HIV/AIDS prevention programming in the area is to market condoms in such a way that they become equated with being "clean" and involve all stakeholders in promoting this idea. Another problem is to find a way to ensure continuity of supply of condoms, which currently is controlled by the pimps.

ASA has consistently made considerable efforts to sharpen the focus of interventions and concentrate resources where they are most needed. Between May 30 and June 4 ASA and the West Java Provincial AIDS Commission (KPAD) conducted an assessment of popular truck stops along the northern Java coastal highway to determine where the real HIV/AIDS 'hotspots' are. Contrary to previous assumptions, there are only two rest stops along the part of the route that traverses West Java where large numbers of drivers spend several hours at a time. These are in Subang and Karawang. The KPAD and ASA will therefore plan activities accordingly, and ensure that resources for outreach to mobile men are focused on these two sites. A pilot project is already being planned. Further probing of the long-distance truck and bus drivers surveyed suggested a similar situation in Central Java, with only two main stops along the route (Tegal and Batang). This was later confirmed by local government officials in Semarang, and there are plans to coordinate and integrate relevant activities between the districts concerned.

With the HIV/AIDS epidemic threatening to spill over into the general population in certain parts of the country, a concerted grassroots effort is needed to involve communities in tackling the factors that contribute to the epidemic's spread and, at the same time, in promoting tolerance and compassion for members of the community who are already affected by the virus. Given the characteristics of Indonesian society, faith-based organizations have an important role to play in educating and promoting community action. Between May 5 and 8 ASA facilitated a TOT in Bandung for 42 prospective peer educator/trainers who spanned the entire spectrum of religious affiliations in the country: Muslim, Protestant, Catholic, Orthodox, Buddhist, Hindu, Confucian and Sikh. The participants, who work with faith-based NGOs, youth groups and drug rehabilitation centers in Jakarta and West Java, were trained on how to organize, motivate and facilitate their peers to adopt and maintain healthy lifestyles. While the main theme of the training was confronting the risks associated with drug abuse and the HIV/AIDS epidemic, an important subtext was that HIV/AIDS is a "common enemy" that has to be tackled by the community as a whole, irrespective of religious or ethnic identity. Six weeks after the training, several of the groups had begun to implement activities.

### *Uniformed Services*

In 2003, recognizing that uniformed services personnel often fall into the category of "mobile men with money", who are regarded as being at relatively high risk of exposure to the HIV virus, Indonesia's military authorities—with the support of ASA—embarked upon an ambitious program to train more than two hundred army, navy and air force personnel as HIV/AIDS peer educators. Several police officers also took part in the

original training of trainers, but further activities for the police were postponed for more than a year to allow them to focus fully on maintaining order during the legislative and presidential elections last year. The first intake of peer leader trainees from the police were trained in Depok between April 11 and 14. The 64 participants, all of whom were attached to the police mobile brigade, were trained by trainers from both the military and police. Like the military peer educators, the police PEs will be given IEC materials, condoms and guidelines to support their work.

### ***IEC Materials Development***

Since the ASA Program began in 2000, dozens of IEC items have been developed on HIV/AIDS and STI issues, targeting a wide range of audiences. Most were designed to inform—and warn—people about the risks associated with the HIV virus and how to protect themselves. Information on its own is not enough, however; IEC needs to be able to motivate people to change their behavior and take an active part in avoiding infection or infecting others.

In an initiative to create a portfolio of standardized, high quality materials that can be supplied to outreach workers on request, ASA is collaborating with IHPCP on the development of a series of educational materials. The first collection of materials targets adult males, focusing on the prevention of sexual transmission of HIV. The central theme is male sexual health, including guidance on how to stay free of STIs and HIV/AIDS, and they are intended for use in the workplace, among sex worker clients and in prisons. Though the materials are designed to be highly relevant to all the intended target groups, they can, if appropriate, be augmented with content specific to local needs.

A number of NGO staff working in various settings were invited to a workshop in Bali from May 9 to 11 to test out and critique the materials. KPAD staff also participated in the workshops. Further training may be given for partner NGOs on using and expanding the new materials.

## **1.2 Prevention Marketing**

With a substantial majority of Indonesia's population being active adherents to one of the country's officially sanctioned religions, working through faith-based organizations to spread information about HIV/AIDS and reduce stigma and discrimination clearly has the potential to reach millions. ASA has collaborated with several faith-based groups at both national and local level on a range of interventions. One of the biggest projects, carried out with the mass Islamic organization Muhammadiyah, was the development of a book of sermons on HIV/AIDS-related themes. "Avoiding AIDS: A Collection of Friday Sermons" deals with issues ranging from family responsibilities with regard to prevention to compassion for people living with the virus. Although intended primarily for use during Friday prayers, the materials can also be used by the various other organizations under Muhammadiyah's umbrella, including women's groups, youth groups and educational institutions.

The launch on April 27 in Jakarta was followed by two workshops, one in Tangerang and one in Bekasi, at which leading Muhammadiyah scholars provided guidance on how to incorporate the messages into the regular teachings at mosques and *pesantren* and how they can be developed. Each event was attended by 80 preachers and scholars, who will disseminate this guidance at the local level and hopefully reach a substantial proportion of Muhammadiyah's 35 million members.

Locally oriented advocacy through the media is also an effective way of delivering targeted content to specific sectors of the general public, such as young people, professionals or housewives, for example. In the province of Riau, which has relatively high HIV prevalence, the electronic media has been used to highlight certain issues including the HIV risks associated with injection drug use, and, more generally, to reinforce the message that HIV/AIDS can affect anyone. In April, a series of talk shows were aired on two local radio stations and on Riau TV. This was followed by a focus group discussion to evaluate the response and plan what activities might be useful to follow up with. Each show got a good response, with several callers.

A similar activity was begun in May in Batam. Following on from a workshop for radio reporters and presenters during the previous quarter, two local radio stations broadcast a series of interactive radio shows on HIV/AIDS issues over a two-month period. YBTDB, one of ASA's implementing agencies on the island, continued to assist the stations on technical matters and advocacy approaches. Although aimed primarily at the local audience, the shows in fact prompted a significant response from Indonesian listeners working in Singapore. Since support for prevention marketing through the media is not scheduled to continue once this phase of the program ends, ASA is making recommendations to the district KPADs in both Batam and Riau to pick up the activity and continue support for it.

In Surabaya, Hard Rock FM initiated a series of off-air events on the theme of "AIDS No More". Targeting a young audience, a total of four events will be held over June and July in popular clubs and bars in the city, combining entertainment with a variety of quizzes, contests and discussions aimed at highlighting relevant HIV/AIDS issues.

Packaging HIV/AIDS messages with live entertainment events like the ones in Surabaya has been done on a number of occasions and with several different genres, including rock concerts and wayang performances. In the middle of 2004 a decision was made to try a similar approach in a recorded format, using *dangdut* music as a vehicle. *Dangdut* is hugely popular throughout Indonesia, particularly among lower income groups, and is often played in entertainment centers and bars where commercial sex transactions take place. Several noted *dangdut* artists contributed to a VCD on which their performances are interspersed with HIV/AIDS prevention messages aimed at men who buy sex. The final product is now ready for release and will be distributed directly through bars, ports, truck stops and other places where there are potential clients.

The media can play a determining role in shaping public opinion about HIV/AIDS, which is why ASA has supported radio and TV talk shows like the ones in Batam and Riau

above. Unbiased, factual reporting and analysis of issues related to the epidemic and compassionate portrayals of people who are living with the virus can go a long way towards eliminating the stigma and discrimination that prevents people from accessing the information and services they should be entitled to.

In May KKI, one of ASA's key partners for workplace and private sector programs, launched a media development program aimed at encouraging more positive reporting on HIV/AIDS issues. Journalists from several print and electronic media organizations were invited to a Media Workshop in Jakarta on June 14. The 20 participants explored issues around ethical writing and interviewing on HIV/AIDS. The resource persons included a number of PLWHA, who discussed stigma and discrimination in the media from their own perspective.

Several recommendations were made for follow-up activities, including the need to draw up a code of ethics for all media professionals, managers and proprietors. This should be supported and disseminated through a program of training and workshops. KKI envisages that such activities would be delivered through a Media Center established specifically for HIV/AIDS.

### **1.3 Strategies Targeting MSM**

While there have been both quantitative and qualitative improvements in the range of STI and HIV/AIDS services available in Indonesia over recent years, there are no guarantees that the most vulnerable groups are getting access to them. This is due to a combination of factors: on the one hand, limitations on outreach and referral systems mean that many people at risk are not being guided towards the services they need, but on the other hand, MSM—and particularly waria—who do access health services often face discrimination and prejudice.

An evaluation of ASA's current MSM strategies and interventions will be conducted to examine more closely the root causes of these barriers to communication and access. A workshop was held on Jakarta on May 26 and 27 to design the evaluation framework, facilitated by APD consultant Ana Coughlan. Participants included Atmajaya University, which will lead the evaluation, and the MSM NGOs that will be contributing to the assessment. Data collection in Jakarta and Surabaya followed, with final results expected by September.

### **1.4 Strategies Targeting IDU**

ASA has contributed to the development and publication of a wide range of government guidelines on various aspects of HIV/AIDS prevention and care. In most cases, these are adapted from existing recommendations on best practices issued by the WHO and other international bodies, informed by the local characteristics of the epidemic and vulnerable populations. This process results in a compilation of tools and strategies that are relevant and workable in the resource-limited settings found here.

Over the last few months the harm reduction team has been working with MOH on a set of Operational Guidelines for HIV Prevention Programs for IDUs. The draft guidelines were trialed in Denpasar on June 13 and 14 and in Makassar on June 16 and 17 with groups representing the local health authorities, NGOs working on outreach and rehabilitation, community health centers and narcotics agencies. The draft was well received and, after some final revisions by MOH, the book is now ready for printing. Once launched, the book will be distributed to institutions that run, coordinate or cooperate with outreach programs for IDU.

At the same time, the Ministry of Social Welfare has been preparing its own guidelines for field workers working in community-based social rehabilitation, and in April, the harm reduction team provided input for the section on handling drug control.

As the numbers of IDUs becoming infected with HIV continue to increase, there are more potential candidates for ARV therapy. However, if they are still injecting, their chances of successfully adhering to the treatment program can be reduced. One factor in this is the criminalization of drug use that contributes to the often insecure and erratic lifestyles of users. For this reason, methadone maintenance therapy can be an important component of HIV care for IDUs, helping to wean them off dependency on street drugs and making them less vulnerable to the risks that could disrupt their treatment. At the initiative of the psychiatric department and the AIDS team of Bandung's Hasan Sadikin Hospital, a workshop was held on the development of methadone substitution programs in HIV/AIDS treatment. The workshop was attended by 50 people representing NGOs, the police, the BNP, local government, and the directors of the hospital. By the end of the workshop, held from April 26 to 28, the hospital had made a commitment to support the initiative and asked the psychiatric department to propose a budget for the development of such a program. The local government also pledged their support, as did the police and the BNP: their stance was that the provision of methadone to IDUs is acceptable as long as it is taken at the point of service, as a medical therapy. If evidence was found that methadone was being dealt outside the hospital, however, immediate measures would be taken.

Although a target was set for the program to be finalized during July, guaranteeing a supply of methadone is proving to be a problem: Indonesia's Food and Drug Authority (BPOM) has strict quotas for the import of the drug. It is hoped that a solution will quickly be found, however, and the development of methadone maintenance therapy programs will be promoted in other key cities including Medan, Semarang and Surabaya, where a discussion on the topic was hosted on June 30 by Dr Soetomo Hospital.

Anticipating the need for such programs will be made easier by the existence of a broader base of data on the risk behavior of injecting drug users. The information yielded by the current Behavior Surveillance Survey will make an important contribution in this regard. For this round of the BSS, IDUs are being surveyed in Jakarta, Bandung, Surabaya and Medan, and a team of trainers from BPS and ASA have been providing data collection teams from local BPS offices and NGOs with the skills they need to approach and



interview the respondents. Training took place in Jakarta from April 18 to 22 and in Medan from May 25 to 29.

ASA's partner organization, the Center for Harm Reduction, Macfarlane Burnet Institute, completed their task order with FHI this quarter, including assistance in finalizing the official strategy for HIV/AIDS prevention within prisons and a Rapid Situation Assessment on HIV Risk Behavior, Transmission, and Prevention in Indonesian Prisons.

The Asian Harm Reduction Network, another of ASA's partner organizations, continued to support the development of Jangkar, the local network of NGOs working with IDU, including organizing a training needs assessment among member NGOs and assisting with the management of their website and newsletter.

The expertise built up by ASA's IDU team over the years has considerable value for applications elsewhere in the region where environmental conditions are similar. Between June 13 and 17 the team provided technical assistance on qualitative data collection and management for an FHI program in the Philippines. Participants from NGOs and local AIDS commissions in Cebu, General Santos and Zamboanga were trained in rapid situation assessment techniques; the rapid assessments will be the first stage of the IDU program there.

### **1.5 Strategies Targeting People in Prisons**

Official reports of very high HIV prevalence combined with unofficial acknowledgement of rampant drug use and unsafe sex from several of Indonesia's prisons echoes the experience of other countries. Severe overcrowding and limited health care services for prisoners only add to the problems. Although it is impossible to know how many of the AIDS and HIV cases reported from prisons are actually contracted there, it seems clear that the people incarcerated in correctional centers throughout the country are at high risk of being infected with HIV. Moreover, many inmates serve relatively short sentences, which suggests a strong possibility that each month, large numbers of prisoners are returning to the community, unaware that they are HIV positive.

It is against this background that the Indonesian government has been taking steps to develop a national strategy for HIV/AIDS in prisons, and two workshops were held in Jakarta this quarter (May 19–20 and May 30) to finalize the draft. The national strategy will address, among other issues, HIV and STI prevention education for inmates and staff, VCT, and care and treatment for positive inmates.

Initiatives have been taken by a number of provincial AIDS commissions. In North Sumatra, ASA facilitated a meeting between the provincial KPAND and the recently established prison working group on HIV/AIDS in the province. The meeting, held on April 19 and 20, was attended by 23 prison governors from all over the province. There was unanimous agreement on the need to develop workplans to tackle the HIV risks in each prison. The workplans submitted to the KPAND by each prison are currently being

revised by the working group and will eventually be combined and forwarded to the Regional Office of the Ministry of Justice and Human Rights (MOJ&HR).

In Palembang, a workshop on HIV/AIDS prevention in prisons and detention centers on June 22 was followed the next day by a meeting to establish a prison working group for South Sumatra. Both activities were facilitated by the Regional Office of the MOJ&HR in collaboration with the ASA regional office and its local implementing agency. The group comprises representatives of the local health authorities, the main regional hospital, the social services and local NGOs, and is chaired by the head of the Regional Office of MOJ&HR.

While policy development is still in progress, action is already being taken in a number of prisons. Peer education programs are being trialed in several provinces, and a handful of HIV and narcotics support groups have also been established. In June, medical officers from three Jakarta prisons took part in a week-long training course on chronic care for HIV/AIDS (see section 2.2 below) which may indicate that more resources will be made available to address the critical condition of health services in prisons.

<b>RP1: Increased Risk Reduction Behavior and Practices</b>					
<b>Indicators</b>	<b>Target FY05</b>	<b>Oct-Dec 04</b>	<b>Jan-Mar 05</b>	<b>Apr-Jun 05</b>	<b>Total FY05 to Date</b>
<b>~Outreach and BCI Contacts</b>					
<b>Newly Contacts</b>					
-FSW	18,750	5,315	7,363	5,529	18,207
-IDU	6,000	1,649	1,436	1,054	4,139
-Transvestites	1,650	764	984	1,175	2,923
-Gay Men	3,750	1,752	2,625	2,448	6,825
-Prisoners	2,690	1,741	1,517	1,304	4,562
-Clients/High-risk Men	312,000	116,985	97,844	117,398	332,227
-General Population	150,000	30,542	40,670	73,797	145,009
<b>Repeated Contacts</b>					
-FSW	-	22,541	20,780	19,736	63,057
-IDU	-	3,949	5,776	5,095	14,820
-Transvestites	-	2,321	3,812	4,232	10,365
-Gay Men	-	4,161	5,609	5,812	15,582
-Prisoners	-	1,190	3,403	983	5,576
-Clients/High-risk Men	-	5,170	2,556	26,988	34,714
-General Population	-	28,646	8,461	12,903	50,010

<b><u>Indicators</u></b>	<b>Target FY05</b>	<b>Oct- Dec 04</b>	<b>Jan- Mar 05</b>	<b>Apr- Jun 05</b>	<b>Total FY05 to Date</b>
~Referrals to STI Clinics Made					
-FSW	18,750	4,258	7,258	6,122	17,638
-IDU	150	76	34	17	127
-Transvestites	750	485	805	2,317	3,607
-Gay Men	375	126	401	195	722
-Clients/High-risk Men	5,250	1,168	2,496	1,336	5,000
-General Population	-	587	200	93	880
~Condoms Distributed	1,500,000	517,226	611,511	510,252	1,638,989
~Disinfectant Kits (bleach)	3,750	2,225	5,009	4,044	11,278
~Media Spots (new)	10	6	-	-	6
~Active PE	<b>Target FY05</b>	<b>Dec 04</b>	<b>Mar 05</b>	<b>Jun 05</b>	<b>Current Number</b>
-FSW	525	260	324	343	343
-IDU	75	56	54	95	95
-Transvestites	38	30	25	26	26
-Gay Men	38	54	53	75	75
-Prisoners	75	56	30	42	42
-Clients/High-risk Men	75	98	276	435	435
-General Population	188	137	149	223	223
~Active Condom Outlets	263	234	352	458	458

## **RP 2: Strengthened HIV and STI Services**

### **2.1 Improved STI Diagnosis and Treatment**

Programs to prevent and treat STIs play a key role in effective HIV/AIDS prevention. High STI prevalence is associated with an elevated risk of HIV infection, and data suggest that people suffering from an STI are more vulnerable to being infected by the HIV virus. Though this is recognized by the MOH, limited resources and competing priorities among other things mean that STI services are neither as widespread nor as effective as they should be. To address this, the MOH together with ASA convened a meeting on National Collaboration on STI Services in Jakarta on June 27 and 28. The meeting was also attended by representatives from WHO's Geneva headquarters and FHI APD. All agreed that, given the high and increasing prevalence of STI revealed by

reproductive tract infection (RTI) studies this year and in 2003, the national STI program urgently needs to be revitalized and intensified. This calls for a public health approach, a strong network of service providers, and the availability of appropriate medications. The results of both ASA's RTI surveys and the gonorrhea susceptibility study conducted in 2004 will be valuable advocacy tools to convince the government and venereologists nationwide that tetracycline and quinolone (including Ciprofloxin) antibiotics should no longer be used as first line drugs in gonorrhea and Chlamydia treatment, and that alternatives should be made available and affordable.

The current RTI study is approaching the final stages: sex workers in Palembang were surveyed this quarter, and the final round of data collection will take place in Surabaya in July.

The need for a more effective response to STIs is being felt at the regional as well as the national level. Concerned by increasing prevalence of STIs and the links with HIV, the provincial government of Central Java invited ASA trainers to Semarang from April 4 to 9 to train staff from ten government-run community health centers (*puskesmas*) on STI clinical management. The cost was covered in full by the provincial budget. STI clinical management training was also conducted in Puncak for staff from a number of *puskesmas* supported by GFATM.

The public health approach discussed at the National Collaboration Meeting will likely involve strengthening existing service delivery mechanisms—such as *puskesmas*—and increasing cooperation between HIV/AIDS and reproductive health programs. One such program is the STARH (Sustaining Technical Achievements in Reproductive Health) project, managed by Johns Hopkins University, which is supporting the MOH in its efforts to improve quality and access in reproductive health services in Indonesia. ASA was invited to take part in the STARH Quality Conference from May 17 to 19, presenting a session on the early detection of STI in PLWHA in reproductive health clinics.

## **2.2 VCT, Care and Support**

The collaboration between ASA and the Directorate General of Medical Care has succeeded in developing a small core of national VCT trainers, supported by tried and tested training modules. This system forms the foundation for the expansion of VCT services across the country, and especially in the regions where rates of infection are highest. To ensure that the system stays relevant and aligned with both emerging needs and recent developments in the field, these trainers need regular opportunities to update their knowledge. One such opportunity was provided between May 9 and 12, when ASA facilitated a refresher training in Jakarta. The national trainers, some of whom are hospital-based while others practice through NGOs and clinics, were given input on the latest government policies and the recently completed national VCT guidelines.

As awareness grows of the role of VCT in preventing infection and getting early access to support services, ASA has been approached by a wide range of organizations seeking assistance, whether to carry out testing, to set up a VCT site, or simply for more

information. In April, ASA's partner agency, YMI, was invited by a Jakarta-based army battalion to provide HIV/AIDS education for 150 of its members (the battalion comprises a total of 1,000 personnel). The battalion's leadership is well aware that its personnel may be vulnerable to HIV/AIDS and need to understand how to protect themselves and their partners and families from the virus. The soldiers participated enthusiastically, asking questions on issues such as ARV and PMTCT. The Gatot Soebroto Army Hospital's VCT team also took part in the event. The battalion appears keen to establish a VCT program but guarantees concerning subsequent care and treatment need to be in place before further action can be taken.

Indonesia is currently regarded as having a 'concentrated HIV epidemic', meaning that while HIV prevalence is high among the most at-risk groups, it has not yet reached critical levels among the general population. The small but noticeable increase in the number of cases of HIV and AIDS reported by antenatal clinics, however, indicates that this could quickly change. Clearly there are large numbers of women who are at risk of being infected by their partners, who have themselves been exposed to the virus through risky sexual behavior or using dirty needles to inject drugs. The MOH is taking early steps to limit HIV transmission to the next generation by developing policies on the prevention of mother-to-child transmission of HIV/AIDS (PMTCT). During this quarter, the VCT team provided technical assistance to MOH on the development of national PMTCT guidelines.

### *Clinical Care and Treatment*

When, in 2003, the WHO and UNAIDS announced their target of providing ARV therapy to 3 million people by 2005, the Indonesian government quickly responded by setting its own targets, announcing that it would subsidize ARV drugs in order to get 5,000 people onto therapy by the end of 2004 and 10,000 by the end of 2005. At the time, Indonesia had only a handful of hospitals and physicians equipped and qualified to administer ARV drugs. With technical and financial support from ASA, the MOH rapidly developed an intensive course in care, support and treatment for HIV, and over the course of 2004, teams of doctors, nurses and case managers from each of the initial 25 hospitals (out of a planned 75) designated as ARV centers were trained.

Over the first part of this year, further modules were developed that dealt in more depth with the management of ARV treatment. This CST Phase II training began on April 25 in Bekasi for teams from the same 25 hospitals. As before, the participants consisted of doctors, nurses and case managers: an integrated and coordinated team of service providers is essential to ensure that the recipients get high quality care and all the necessary support.

An additional 33 public hospitals have now been added to the roster of qualified ARV referral hospitals in Indonesia, after their medical/case management teams underwent Phase I CST training from June 20 to 25.

One of the country's biggest teaching hospitals, the Dr Soetomo Hospital in Surabaya, has been receiving intensive support in the form of mentoring for staff and reinforcement of the development of CST systems so that it can serve as a model for the delivery of hospital-based care, support and treatment for HIV/AIDS in a relatively well-resourced setting. Once the systems are fully in place, the hospital can be used as a site for training and internships for hospital AIDS teams from around the country.

Voluntary counseling and testing facilities are, as yet, available at only a very few sites. This, combined with a generally low self-awareness of HIV risk and a lack of general knowledge about HIV/AIDS, means that many cases of HIV/AIDS are detected only when the patient is suffering from a serious opportunistic infection that requires hospitalization. Both CST Phase I and Phase II are aimed at dealing with such patients, focusing on inpatient or acute care. But HIV infection and AIDS are chronic conditions that require varying types of care and support across the whole continuum that includes hospitals, outpatient clinics, support groups and home care, from when the person first tests positive for HIV to the advanced stages of AIDS.

ASA and the MOH have therefore developed training modules and guidelines aimed at developing strategies and skills in chronic care for PLWHA in outpatient settings. Based on WHO's Integrated Management of Adult and Adolescent Illnesses (IMAAI) guidelines, the modules were initially tested and refined at the Dr Soetomo Hospital in Surabaya and developed further during a training workshop for medical staff from prisons in Jakarta (Cipinang, Pondok Bambu and Salemba) as well as teams from the Kios Atma Jaya clinic, Tarakan Hospital and the PPTI Clinic, which caters primarily to people with TB. Like the CST training, this course was delivered to teams of doctors, nurses and case managers from each institution. Given that the clientele of each institution includes a high proportion of injection drug users, modules were added on dealing with addiction and STI as an integral part of chronic care. The workshop was held in Puncak, West Java, from June 27 to July 3. IMAAI training was also provided in Bandung from June 13 to 17, on a cost sharing basis with the private Bungsu Hospital. This was at the initiative of the hospital itself; participants were also invited from two other private hospitals in the city.

The critical role of case managers in this continuum of care has been highlighted in recent months by interruptions to the supply of ARV drugs in various parts of the country. This has arisen because of weaknesses at a number of points in the supply chain: hospitals are failing to accurately predict needs and make timely orders for the drugs, while the suppliers at central level can be slow to respond. It has, however, left several people stranded without the drugs they need. Case managers have served as a vital link by locating alternative supplies and ensuring that their clients can continue the therapy without interruption.

One local solution to improving delivery issues is by facilitating clinics other than the designated referral hospitals to prescribe ARV. In Jakarta, both the Kios Atma Jaya and the PPTI clinics have been providing ARV in collaboration with Tarakan Hospital and the Infectious Diseases Hospital (RSPI) respectively. The hospitals forward the drugs and

make regular mentoring visits to build the clinics' physicians expertise on ARV management. During April and May, an evaluation was carried out to assess how well patients at both clinics are adhering to the therapy. The analysis will be completed over the following quarter.

With growing numbers of people being identified as potential candidates for ARVs, the need for fast and reliable means for determining exactly when to start therapy is becoming more urgent. The MOH has secured funding from some of the key donors to purchase 17 CD4 machines that will be placed in strategically located ARV referral hospitals around the country. By giving accurate enumerations of a person's CD4 T-cells, these machines will enable health care providers not just to assess when the patient's immune system has been sufficiently compromised to warrant the initiation of treatment, but also, through checking their CD4 count on a regular basis, to monitor their progress and detect potential complications. In May, ASA, together with IHPCP, WHO and GFATM, provided technical assistance to the MOH on the selection of the most appropriate equipment, taking into account factors such as specific needs, local conditions, support availability and price.

CD4 testing is often used in conjunction with viral load testing to provide a more complete picture of the stage of HIV infection and thus help to indicate what medical interventions should be taken. On May 16, several donor institutions including ASA joined the MOH in a round table discussion on low cost technologies for viral load testing, sponsored by the Burnet Institute and a manufacturer, although there are no plans as yet to introduce the technology in Indonesia.

While the HIV virus continues to spread rapidly in Indonesia, there are still relatively few physicians who are sufficiently well informed about HIV/AIDS to be able to recognize, diagnose and treat AIDS-related conditions effectively. This was addressed at a meeting on the response to HIV/AIDS by the medical community held in Jakarta in May. The meeting, which was attended by some 200 doctors, was organized by RSPI, IHPCP and ASA.

RP2: Strengthened HIV and STI Services					
<u>Indicators</u>	Target FY05	Oct- Dec 04	Jan- Mar 05	Apr- Jun 05	Total FY05 to Date
~Appearing at clinic					
-FSW	11,250	5,476	9,642	9,804	24,922
-Transvestites	563	368	563	521	1,452
-Gay Men	188	56	277	165	498
-Clients	1,875	1,402	1,679	1,622	4,703
~# of Simple Lab-test Performed					
-FSW	11,250	5,207	9,217	9,642	24,066
-Transvestites	563	97	118	508	723

<b>Indicators</b>	<b>Target FY05</b>	<b>Oct- Dec 04</b>	<b>Jan- Mar 05</b>	<b>Apr- Jun 05</b>	<b>Total FY05 to Date</b>
~# of Simple Lab-test Performed					
-Gay Men	188	27	200	157	384
-Clients	1,875	1,287	1,524	1,540	4,351
~# of VDRL/TPHA Performed					
-FSW	1,125	1,095	924	4,687 <sup>1</sup>	6,706
-Transvestites	563	303	83	550	936
-Gay Men	188	135	21	100	256
-Clients	375	310	77	480	867
~# of STI Treatment					
-FSW	10,125	4,183	7,053	6,873	18,109
-Transvestites	5,067	90	118	163	371
-Gay Men	169	34	99	66	199
-Clients	1,688	609	666	760	2,035
~# of people served at VCT sites					
-Counseling	375	474	846	761	2,081
-Testing	375	417	815	712	1,944
~Clinic Personnel Trained	50	10	26	4	40
	<b>Target FY05</b>	<b>Dec 04</b>	<b>Mar 05</b>	<b>Jun 05</b>	<b>Total FY05 to Date</b>
~# of PLWHA Receiving Care and Support Services	375	250	273	616	616
<sup>1</sup> Note: The number includes VDRL/TPHA tests performed during the RTI Study conducted in this quarter					

### **RP 3: Enhanced Capacity and Quality of Government of Indonesia HIV/STI Surveillance Systems and Their Use of Epidemiological Data in Key Decision Making**

#### **Surveillance**

Keeping track of changes in the types of behavior that influence the spread of the HIV/AIDS epidemic provides some measure of the success of HIV/AIDS prevention and care programs, as well as an indication of where and how coverage needs to be improved. FHI has been supporting regular behavior surveys in Indonesia since 1996, first in



collaboration with the University of Indonesia and, since 2002, with BPS. Since several of the indicators used have been adjusted over the years, however, some of the data sets could not be readily compared with each other. Over the last few months, efforts have been made to combine and reconcile all the data variables to allow for a much more accurate illustration of trends in the behaviors that may be driving the epidemic or slowing its progress. This process is now almost complete.

The system is currently being updated with the results from the current round of the BSS. Over this quarter, data were collected from MSM in Bandung and IDUs in Medan. The results of the survey of sex worker clients in Karawang are still being processed. The final site for data collection is Palembang, where FSW and clients will be surveyed during the next quarter. The publication of the final report is scheduled for September.

Apart from national behavior surveillance data, the various HIV/AIDS programs operating in the country generate a rich collection of other data through smaller-scale studies and surveys. Until now, however, much of this valuable data has not been widely accessible to parties that may be able to make use of it. To address this weakness, ASA, IHPCP and GFATM are all contributing to the development of a national database. Funded by IHPCP, the database will be maintained by the KPA with support from UNAIDS. ASA is concurrently developing a similar database of information collected through the activities it supports, and this will be compatible with the national database. The national database is expected to be online by September.

### **Population Estimates**

While surveillance yields vital information about risk behavior, it indicates little about how many people are vulnerable to exposure to the virus—a critical element in planning and allocating resources. In 2002, ASA supported a major initiative to estimate the numbers of people in each of the MARGs (Most At-Risk Groups) across the country. As part of an effort to institutionalize sustainable strategic planning systems at the local level, the process is now being taken to key provinces and districts to enable local authorities to make a more accurate assessment of the local epidemic situation and plan a response accordingly.

The first of three Population Estimates workshops this quarter was held in Semarang, Central Java, from May 17 to 19. Facilitated by BPS, the MOH and ASA, the workshop brought together 20 people representing eight districts and the province itself. Estimates were made of the MARGs in each district and these figures were extrapolated to arrive at a calculation for the province as a whole. The results were used some weeks later in a response mapping exercise (see below).

The other two workshops were held in Medan, North Sumatra from May 25 to 27 and in Bandung, West Java the following month (June 20–22). Like the Semarang workshop, they were facilitated by BPS, MOH and ASA and each involved some twenty participants from districts and the province. The workshops provided an opportunity to trial the recently developed national guidelines on estimating population size. Once finalized, the guidelines will be available to support similar exercises in other provinces.

## **Response Mapping**

While several district and provincial AIDS commissions in priority provinces now have the capacity to develop evidence-based strategic plans, program monitoring indicates that coverage is still falling short of targets: too few people are being reached by interventions and resources are not consistently allocated where they are most needed. To address this, another element was introduced to the strategic planning process this quarter.

A Response Mapping Workshop held in Medan from June 14 to 17, facilitated by ASA and the provincial AIDS and drugs commission (KPAND), was aimed at identifying the MARGs in each of the eight districts and mapping where services and interventions are being provided, and by whom. The resulting map should reveal where the gaps in coverage are occurring; strategic planning can then be focused on addressing these gaps to ensure a comprehensive response.

The workshop was extremely productive. Five people from each of the eight ‘hotspot’ districts that took part in the population estimation exercise in the previous month were teamed with a further seven representatives from the provincial KPAND. The first day comprised an update on the current situation of the epidemic both nationally and in North Sumatra, and an overview of national and local policies on HIV/AIDS.

Each district first completed a situation analysis of the epidemic in their respective areas, including the numbers in each MARG, and estimated prevalence. They then went on to identify current program achievements, and by using the simple formula of program targets minus achievements equals the response gap, they were able to isolate each component of the gap. An analysis was then made of the causes and potential impact if the gap was not immediately filled. This gap analysis provided the points of reference for both the overall program design and the development of specific program goals to address underserved target groups.

Once the gap analysis was complete, each district team drew up strategies for strengthening the KPAND and mobilizing both political and financial support through the local government, as well as for empowering local institutions—including NGOs and FBOs—to play a larger role in supporting the program.

The process highlighted the considerable gaps in the current response in North Sumatra, and the response maps will be very valuable tools both for the local government and for ASA’s own program planning. It was also clear that there is an urgent need for more training on data analysis: local authorities need to be able to make effective use of all the data available to them in order to advocate for policies that will support the response.

The finished workplans for the eight hotspots are currently being integrated into the provincial workplan by the North Sumatra KPAND. Similar workshops will be held in Central Java and West Java in July.

## Advocacy

Initiatives like the Sentani Commitment demonstrate that the HIV/AIDS response at the provincial level is increasingly robust. The 18 provinces that are signatories to this Commitment have resolved to work towards a series of targets aimed at limiting the spread of the epidemic in their respective provinces. The targets include promoting condom use, eliminating the stigma surrounding HIV/AIDS and people living with the virus, taking measures to reduce the HIV harm associated with injection drug use, improving access to care, treatment and support services, including ARVs, and draw up legislation at provincial and district levels to support the achievement of these targets.

The Sentani Commitment is essentially a commitment to leadership, on the part of provincial and sectoral heads, which will be implemented through motivating, empowering and facilitating both organizations and communities to develop appropriate and timely strategies, and of course through guaranteeing sufficient resources. A number of districts have followed suit by initiating similar commitments at the district government level.

Several local AIDS commissions are actively responding to this challenge by preparing comprehensive plans and building partnerships with the relevant agencies and stakeholders. Unfortunately the dynamism at the regional level has not been matched at the central level, and the National AIDS Commission (KPA) has been slow to take a lead on developing systems to strengthen the nationwide network of regional AIDS commissions (KPADs) and build capacity. This issue was addressed the National KPA Coordination meeting on May 10, when it was agreed that the KPA should immediately develop a program plan for developing the capacity of provincial and district level KPADs. Although ASA was asked to facilitate the program planning process, which took place on May 16 and 17, the KPA will be fully responsible for direct capacity building and KPAD development from now on.

In Papua, the situation is more urgent than in other parts of the country. The epidemic is making rapid inroads into the general population, even in the most remote and isolated parts of the province which are poorly served by medical/health facilities. In such areas, the authorities that wield the most social influence are the tribal councils and leaders; their support is critical if HIV/AIDS is to be tackled effectively. In 2004, ASA facilitated a meeting in Biak for 1000 tribal leaders and representatives to discuss the issues and a possible response. Attempts to reach an understanding on HIV/AIDS failed, however: the belief that AIDS was brought into Papua deliberately to eliminate the indigenous population was still widespread, and the meeting became hostile.

In May ASA and the provincial KPAD jointly convened a follow-up meeting for 23 tribal council leaders. This time the outcome was much different: 21 of the leaders present agreed to hold dialogs in their respective districts on how to integrate the HIV/AIDS response into traditional tribal policies. The first of these meetings will take place in Timika in October 2005 for the members and leaders of the Amungme and Komoro tribes. A key factor in the change of attitude was the intensive advocacy efforts on the part of prominent Papuan leader Tom Beanal and other community figures.

Central Java is one of the provinces where the provincial KPAD, in partnership with the local government, has taken a proactive approach to developing a local response to the epidemic. In April the provincial government funded training on clinical management of STIs for medical officers in community health centers. In the same month, ASA was asked to assist the KPAD to facilitate a congress of the province's newly established NGO Forum. After drawing up the forum's statutes, discussions centered on how the forum could serve as a bridging point between the local government and grassroots activities in the province. KPADs at both provincial and district level agreed that the forum should be represented on these bodies and work with them towards mainstreaming HIV/AIDS into NGO programs in the province.

The forum will not only be a partner for the KPADs. Over the coming months, as ASA expands its support from the current two districts to 10 districts in the province, the forum will be able to offer valuable assistance in identifying suitable NGOs for ASA to work with as implementing agencies.

North Sumatra is another example of a province where the local authorities have acknowledged the threat posed by rising prevalence of HIV and demonstrated the political will to tackle it. The KPAND has worked hard to mobilize support from the legislature and the provincial government and has initiated cooperation with key sectors such as the prison service (see section 1.5: Strategies Targeting People in Prisons) and the military. The head of the KPAND has also actively sought funding from other sources, including UNAIDS.

<b>RP3:</b>					
<b><u>Indicators</u></b>	<b>Target FY05</b>	<b>Oct-Dec 04</b>	<b>Jan-Mar 05</b>	<b>Apr-Jun 05</b>	<b>Total FY05 to Date</b>
~Press reports on HIV related Issues	180	100	102	111	313

#### **RP 4: Strengthened Capacity of Local Organizations to Plan, Finance, Manage, and Coordinate HIV/STI Responses**

<b>RP4</b>					
<b><u>Indicators</u></b>	<b>Target FY05</b>	<b>Oct-Dec 04</b>	<b>Jan-Mar 05</b>	<b>Apr-Jun 05</b>	<b>Current Number</b>
~# of KPAD with a Strategic Plan					
-Provincial	10	10	10	10	10
-District	41	25	30	41	41
~# of KPAD Members Trained in expanded comprehensive response	204	75	75	75	75

~# of IAs Completing Annual Financial Review	105	94	104	107	107
~# of IAs Submitting Monthly Program Reports	105	91	90	93	93

## **RP5: Increased Leveraging of Non-Program Programmatic Interventions and Financial Resources**

People who live for long periods of time away from home and family are considered to be at increased risk of exposure to HIV. This category of people includes those who are employed in the transportation sector, the construction sector and primary extractive industries. In Indonesia, many of the workers in manufacturing companies, which are often concentrated in huge out-of-town industrial zones, are also temporary ‘migrants’. Over the last few years, ASA has been advocating to industry leaders and managers to take a leading role in preventing the spread of the virus by putting HIV/AIDS on their company agendas, stressing that they have a responsibility to the community as well as their employees.

Together with its NGO partners KKI, YKB and YMA, ASA has organized numerous briefings, workshops and seminars to raise awareness of the issues and show managers what they can do to protect their employees and their communities from HIV/AIDS. Companies are then offered a range of options that include direct education on HIV and STI prevention for employees by the NGO partners, training of the company’s own trainers using specially developed training modules and information packages, or facilitating in-house programs that can be incorporated into the company’s occupational safety and health activities. Details of the organizations for which ASA provided advocacy and/or training support this quarter can be seen at the end of this section.

The country’s major ports have very high concentrations of mobile adult males—seafarers, dock workers, truck drivers and their assistants, men working in the industries around the ports. Large and flourishing sex industries have grown up in close proximity to most of the ports to cater to this constantly shifting population. Behavior surveillance and other surveys indicate that these men have frequent sexual contact with both people at high risk of HIV infection (for example, sex workers) and people deemed to be at low risk (their wives and/or regular partners). The thousands of men who work in, around and out of seaports are therefore considered to be potential bridges across which the HIV epidemic can spread into the general population.

A consortium of donors, NGOs and the KPA are collaborating on an integrated response centered on four of Indonesia’s largest ports. The key counterpart at each site is ADPEL, the port authority. Along with the port health authorities, labor unions and associations such as INSA (the National Shipowners Association) and APINDO (the Indonesian Employers’ Association), and local NGOs, they are represented on the working groups that have been established in Jakarta and Surabaya. With this massive

program still in the early stages, the working groups are meeting regularly to plan strategies and seek support from other stakeholders, including shipping and freight companies and public transport organizations. A similar pattern of activities will follow in Semarang and at the Jakarta International Container Terminal (JICT).

Major donors and stakeholders have also joined forces on a special working group led by the KPA. Established to ensure effective coordination of donor responses for interventions to workplaces and adult men, the group met on May 3 to finalize a program for workplace strategies that will be delivered through the existing networks of the Ministry of Manpower and Transmigration (MOM&T) and APINDO.

Preliminary steps were taken to introduce the program to regional KPADs through a National Workplace Meeting from June 20 to 23. ASA assisted the Jakarta KPAD to organize the event, which was fully funded by the national KPA. The workshop was designed to highlight to the participants—representatives from all provincial KPADs—that funding and technical support is available for workplace HIV/AIDS prevention programs through ILO, GFATM and APINDO. It was emphasized that local authorities wishing to initiate such programs should first coordinate with the local MOM&T office.

Since the enactment of the Ministerial Decree on HIV/AIDS Prevention in the Workplace last year, there is a clear legal obligation for companies to take measures to ensure that their staff are aware of HIV/AIDS and guarantee a safe and healthy working environment. On April 21 ASA worked with the KPA, ILO and MOM&T to finalize the implementing regulations and technical guidelines for the decree.

For the management and staff of companies in Jakarta and the surrounding regions, ASA's implementing partners KKI and YKB are often the first point of contact regarding HIV/AIDS. To advocate, advise and educate effectively, it is essential that they have an in-depth grasp of a wide range of issues surrounding HIV/AIDS. A regular program of training and capacity building ensures this. Having collaborated with BPS on collecting data for the BSS from 25 companies in Karawang, West Java, in early May, KKI staff were given training on analyzing and interpreting surveillance data. This took place on May 12. The new skills will be valuable not just for advocacy purposes but also for the organization's internal program planning. Capacity building continued in June for the staff of YMS, this time on STI prevention and care.

#### **Executive Briefings, April–June 2005**

<b>Location</b>	<b>Date</b>	<b>Activity</b>
Batamindo Business Council	April 1	Batam advocacy campaign
PT Semen Cibinong	April 11	Briefing for management and clinic staff
Jakarta	April 20	Group briefing to oil and gas companies
PT Baiduri Energy	April 28	Executive briefing. This is a sister company of Gadjah Tunggal, which has already implemented several trainings.
Amcham	May 11	Occupational health and safety seminar covering HIV/AIDS

Elnusa (oil)	May 18	Executive briefing
KPAD Surabaya and Yayasan Mulia Abadi	May 31	Group executive briefing
PT Rukindo	June 1	Group executive briefing
ExxonMobil (oil)	June 2	Executive briefing
APINDO West Java	June 2	Group executive briefing on OSH and HIV.
Aneka Tambang (mining), Bogor	June 2	Executive briefing
Aneka Tambang, Jakarta	June 9	Executive briefing
DHL (freight) and Conoco Phillips (oil), Jakarta	June 16	Executive briefing
CIFOR, Bogor (forestry programs and research)	June 20	Executive briefing for 50 middle management staff working across Asia and the Pacific.
Indonesian National Shipowners Association (INSA), Jakarta	June 21–22	Executive briefing attended by 15 senior managers.

#### **In-company TOT, Training and Community Programs, April–June 2005**

<b>Location</b>	<b>Date</b>	<b>Activity</b>
Wings Group, East Java	April 6	TOT
PT Bakrie Pipe, Jakarta	April 13	Worker education for 30 managers and direct supervisors (all male).
Sicpa and Perum Peruri, Karawang, West Java	April 13	Worker education. Both companies took part in the BSS.
PT Pindodeli Pulp & Paper, West Java	April 13	Worker education for 150 male workers. This company took part in the BSS.
PT Samudera Indonesia (shipping management)	May 3	Worker education for 15 seafarers
PT Bakrie Pipe	May 14	Community program including HIV/AIDS education for employees and their families.
PT Ricky Putra Globalindo	May 20	Candlelight Memorial event, attended by 1,500 people
PT Ricky Putra Globalindo	May 27	TOT
PT Copper Smelting, East Java	June 7	TOT
PT Aqua Danone Indonesia, Jakarta	June 16–17	National-level TOT for 12 units/branches: fully funded by Aqua

RP 5					
<u>Indicators</u>	Target FY05	Oct- Dec 04	Jan- Mar 05	Apr- Jun 05	Current Number
~# Private Sector Firms with Workplace Programs	100	125	127	128	128
~# newly employees educated	375,000	223,636	78,950	4,852	228,488

### 3. FHI/ASA Management and Staffing

#### Subproject Development

During this quarter, April to June 2005, the ASA Program managed a total of 83 subagreements, with one new subagreement executed over this period, and 61 subagreements amended. A total of eight Rapid Response Funding contracts were also implemented this quarter. Agreements with all three Partner Organizations, CHR MacFarlane Burnet Institute, AHRN, and Atmajaya University, continued throughout this quarter as well. Contracts with Leo Burnett for mass media activities and with Atmajaya University for the MSM study were also executed this quarter.

Please refer to **Attachment 1** for a list of **Subprojects Completed This Quarter** and **Attachment 2** for a **Comprehensive List of All Active Subagreements** and their achievements to date.

#### Program Close-Out: South Sumatra, North Sulawesi, and Maluku

In line with the new USAID strategy for HIV/AIDS, the ASA Program has already begun the process of closing out activities in three provinces which are no longer consider to be highest priority, South Sumatra, North Sulawesi and Maluku. All subagreements in these provinces will terminate at the end of June 2005, except for LPPM's contract in Maluku which will continue until September 2005 to allow sufficient time to find alternative funding for their crucial activities. A visit by ASA senior management to each of these provinces has been organized to discuss with the provincial governments the necessary steps to close out ASA activities as well as to determine what kind of assistance would be necessary to facilitate their transition to local government support. All three provincial AIDS commissions, with concurrence from the respective governor's offices, have decided to continue their HIV/AIDS programs despite the withdrawal of ASA support. ASA provincial staff will continue their work in these provinces until the end of July 2005, at which time all administrative and financial responsibilities should be completed.

#### Extension of ASA Program

In April 2005, FHI received notice from USAID that FHI has been selected to receive the award for the new HIV/AIDS Program to begin October 1, 2005. At that time USAID



also requested FHI to review its request for a costed extension of the ASA Program which had been offered in order to ensure no gap in prevention activities between the two programs. Following a careful review, FHI determined that only a no-cost extension of the program would be required, with implementation of all ASA activities to end by September 30, 2005 followed by a three month period to finalize all administrative and financial requirements. A revised workplan and budget for the no-cost extension was submitted to USAID for review on June 27, 2005.

### **ASA Staff Workshop**

In order to update staff on new developments and begin planning a smooth transition to the new program, the ASA Program organized a staff workshop from June 23 to 24. The first day was used for an open discussion on the new program strategy and management plan, including the new roles and responsibilities of provincial staff. A final session was used to discuss the newly updated policy by the Office of the U.S. Global AIDS Coordinator concerning the “ABC” approach and the related audit which FHI headquarters is requiring of each country office. The second day of the workshop was devoted to meetings with each individual province to discuss in more detail the necessary steps to close out ASA and transition to the new program. Concrete plans were discussed; all staff are much more secure and excited about the future.

### **FHI Regional Meetings**

During this quarter a series of three overlapping meetings were organized by FHI’s Asia Pacific Department, including a Regional Management Meeting from May 9 to 11, a Regional Finance Meeting from May 9 to 13, and a Regional Human Resources Meeting from May 6 to 7. The ASA Program sent representatives to each of these. As usual, these annual meetings provided a forum to discuss recent policy developments, exchange experience among programs in the region, and receive technical input from donors and other regional experts.

### **Monitoring and Evaluation**

Progress was made this quarter on formalizing the plans for final assessments of several key program interventions of the ASA Program, including FSW and clients, MSM, and IDU. A contract was executed with Atmajaya University for an assessment of MSM interventions. APD Consultant Ana Coughlan assisted in developing the terms of reference and detailed implementation guide, and facilitated a participatory workshop for the several MSM NGOs that will be included in the study. Data collection has begun, with final results expected by September 2005. A similar terms of reference for an assessment of ASA’s FSW and client interventions has been developed, and discussions with A.C. Nielsen to implement the assessment have begun. The third assessment, for IDU interventions, will be carried out by two experts from FHI’s APD in late August. All three assessments should be completed by September, the end of ASA implementation,

with appropriate dissemination of results to be completed during the transition period. These results will become the basis for improved behavior change strategies for implementation during the new program.

## **Staffing**

The following staff changes occurred this quarter:

- Balgis Nurmajemun, the Program Manager in East Java, resigned on May 13, 2005 to pursue her career with another organization.
- Mamoto Gultom left his position as STI Clinical Specialist effective May 13, 2005.
- Totok Sutyono left his position as Driver for the East Java ASA Office on May 13, 2005, and was replaced by Rivan Gatot Sentoso on June 3.
- Constensi Nurdina left her position as Administrative Assistant for the East Java ASA Office on May 31, 2005, and was replaced by Debby Sulang on June 6 from the North Sulawesi Office, which will be closing down soon.
- Finally, Fachrurrazi Nazir resigned his position as Senior Program Officer on May 31, 2005 to pursue a new career with Care International in Jakarta.

## **Consultants**

The ASA Program has continued to receive technical assistance from the following consultants during this quarter:

- Made Efo Suarmiarta and Supriyanto Slamet have continued to facilitate peer leader training with the police and also assisted in the review and refinement of ASA's BCI strategy.
- Nur Tjahjo, Arifin Firtianto, and Bambang Irawan have continued to design, pre-test, and produce the expanding inventory of IEC materials on HIV/AIDS issues.
- Mitu M. Prie has continued to assist with prevention marketing activities, including participating actively in the review of the communications component of the overall BCI strategy, IEC development in Papua, and the development of workshops to review lessons learned from each of the major BCI components.

- Hari Purnomo has continued to provide assistance in sample selection for the RTI study currently being implemented in ten cities.
- Dr. Andri Roesli has been providing technical assistance on HIV clinical management, especially within the Jakarta area.
- Claudia Surjadaja is also providing technical assistance on advocacy and policy development with the national parliament through IFPPD.
- Nafsiah Mboi has continued her excellent work with the National AIDS Commission, focusing this quarter on organizing follow up to the Sentani Commitment and the design for improved management and staffing of the National AIDS Commission.
- Adi Sujatno has continued to provided excellent technical assistance in the development and operationalization of the strategy for HIV/AIDS interventions within the prison system.
- Awalludin continued to assist with confirmatory testing of laboratory samples from partner STI clinics.
- Astrid Wiratna has also continued to assist with the training and mentoring of counselors to provide quality care and support for people living with HIV/AIDS, especially in Papua.
- Flora Tanujaya has provided extremely competent assistance as Acting Chief of the Clinical Services Unit in Jakarta.
- Marietta Sahertian, Evi Tarrigan and Freda Gersang have provided technical assistance on counseling and case management for people living with HIV/AIDS during a series of trainings and workshops in collaboration with the Ministry of Health this quarter.
- As usual, Sally Wellesley has continued to provide her excellent assistance in the preparation of reports and other program documents.

## **Visitors**

The ASA Program received the following international visitors during this quarter:

- Maggie Diebel, Vice President for Program Development from FHI Headquarters, visited Jakarta from May 15 to 17, including informal discussions with staff and site visits to several implementing agencies.

- Ana Coughlan, Consultant from FHI's APD, visited Jakarta from May 20 to June 6 to assist with the development and finalization of a terms of reference for the MSM assessment as well as facilitate the participatory workshop for those MSM NGOs involved in the study.
- Graham Nielsen, STI Specialist from FHI's APD, visited Jakarta from June 26 to 28 to participate in the meeting organized by the Ministry of Health and WHO to discuss the quality of STI services and their relationship to HIV/AIDS.

#### **4. Products and Materials Produced This Quarter**

The following materials were produced this quarter:

- A flipchart for use by peer leaders in the Uniformed Services.

#### **5. Major Activities Planned for the Next Quarter**

The ASA Program will implement the following major activities during the next quarter, July to September 2005:

- Amendments for all performing subagreements will be executed to establish an end date of September 30, 2005. At the same time, new subagreements for the approximately 50 partner NGOs that will be continued in the new program will be developed in order to begin implementation on October 1, 2005.
- Assessments of the FSW/Clients, MSM, and IDU interventions will be completed.
- Three trainings for partner NGOs working in the field of IDU will be organized by AHRN to focus on expanding quality outreach activities, developing strategies to address sexual transmission of HIV/AIDS by IDU, and increasing understanding of ARVs for IDUs.
- The VCD promoting the prevention of HIV/AIDS through dangdut and other popular music will be released and distributed to appropriate entertainment venues and transportation networks.
- Work on the development of IEC materials will continue, focusing on a variety of promotional materials for VCT and case management, flip charts for IDU outreach, and materials for STI clinics.
- The official national strategy on HIV/AIDS prevention within the prison system will be finalized, and launched during the quarter.

- A training for prison officials in Pamekasan Prison in East Java will be organized following a request from the provincial government.
- The RTI study will continue with data collection in Surabaya and Jayapura. Final results are expected to be presented by August, followed by dissemination meetings in each of the ten cities surveyed.
- A training in STI clinical management for selected government clinics in East Java will be organized with funding from the provincial government.
- A one-week training on VCT will be organized with the collaboration of Yayasan Mitra Indonesia in early July.
- A national meeting to discuss lessons learned among VCT counselors will be organized in September.
- Development of a model HIV clinical management system with the Soetomo Hospital in Surabaya will continue, with the finalization and pre-testing of training modules covering major aspects of clinical care for PLWHA.
- The current round of BSS will be completed in September, including all data analysis and dissemination.
- Response mapping workshops will be organized in six priority provinces with partial funding from the Synergy Project, based on improved local estimations of size and location of most at risk groups. The results will become the basis for future program planning and the development of subagreements for the new program.

## ABBREVIATIONS USED IN THE REPORT

ADPEL	Adminstrasi Pelabuhan (Port Authority)
APD	Asia Pacific Division
APINDO	The Indonesian Employers' Association
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASA Program	Aksi Stop AIDS Program
BCI	Behavior Change Intervention
BNP	
BPS	Biro Pusat Statistik (Central Bureau of Statistics)
BSS	Behavior Surveillance Survey
CDC	Center for Communicable Disease Control (P2M)
CST	Care, Support and Treatment
DKI Jakarta	Daerah Khusus Ibukota Jakarta (the provincial-level administrative unit covering Jakarta)
FBO	Faith-based Organization
FHI	Family Health International
FSW	Female Sex Worker
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GOI	Government of Indonesia
GIPA	Greater Involvement of People with HIV/AIDS
HIV	Human Immunodeficiency Virus
IA	Implementing Agency
IDU	Injecting Drug User/Injection Drug Use
IEC	Information, Education and Communication
IHPCP	Indonesia HIV/AIDS Prevention and Care Project Phase 2 (AusAID)
ILO	International Labour Organization of the United Nations
IMAAI	Integrated Management of Adult and Adolescent Illnesses
KPA	Komisi Penanggulangan AIDS (National AIDS Commission)
KPAD	Komisi Penanggulangan AIDS Daerah (Regional AIDS Commission)
KPAND	Komisi Penanggulangan AIDS dan Narkoba Daerah (Regional AIDS and Drugs Commission)
MARGs	Most At-Risk Groups
MOH	Ministry of Health
MOJ&HR	Ministry of Law and Human Rights
MOM&T	Ministry of Manpower and Transmigration
MSM	Men who have Sex with Men
NGO	Non-Governmental Organization
OSH	Occupational Safety and Health
P2M	Dit. Pemberantasan Penyakit Menular (Directorate of Communicable Disease Control)
PLWHA	People Living With HIV/AIDS
RP	Result Package

RRF	Rapid Response Fund
RSPI	Rumah Sakit Penyakit Infeksi (Infectious Diseases Hospital)
RTI	Reproductive Tract Infection
SA	subagreement
STI	Sexually Transmissible Infection
TA	technical assistance
TOT	Training of Trainers
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	Voluntary counseling and testing
waria	Male transvestite/transsexual
WEF	World Economic Forum
WHO	World Health Organization
(Dit. Jen.)Yanmed	(Directorate General of) Medical Care